

# FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION 2008-09

Please complete one application per household. Eligibility determination by the school official is good for the entire school year.

## Part 1. Children in School (Use a separate application for each foster child):

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	List the case number if your household is receiving Food Stamps, TANF, or FDPIR

## Part 2. Foster/Institutionalized Child; Migrant, Homeless or Runaway Child:

Check if this application is for a: <input type="checkbox"/> foster/institutionalized child. <i>Each foster child needs a separate application.</i> <input type="checkbox"/> migrant <input type="checkbox"/> homeless, or <input type="checkbox"/> runaway child List the child's monthly personal use income. Write "0" if the child has no personal use income. \$ _____. <b>Skip to Part 4.</b>
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## Part 3. Total Household Income:

1. List the names of <b>every</b> person in the household	2. Income for every person in the household. <b>Place a check in the box beside the amount to specify how often it was received: weekly (w), every other week (e), monthly (m), yearly (y) etc.</b> Seasonal workers and farmers use annual income.																			
Name(s)	Earnings from work before deductions				Welfare, child support, alimony				Pensions, retirement, Social Security				Other							
		w	e	m	y		w	e	m	y		w	e	m	y		w	e	m	y
	\$					\$					\$					\$				
	\$					\$					\$					\$				
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## Part 4. Signature and Social Security Number (Adult must sign):

<b>An adult household member must sign the application.</b> If Part 3 is completed, the adult signing the form must also list his or her Social Security Number (see Privacy Act Statement on the back of this page). <i>I certify that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>
Printed Name of Adult _____ Telephone _____ Address _____ City/ZIP _____ Signature _____ Date _____ Social Security Number: ____ - ____ - _____

## Part 5. Children's racial and ethnic identities (optional): check one or more as applicable

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White		

**For School Use Only**

**Do Not Write Below This Line**

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<b>Yearly Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12</b>	
Determination based on (check one): <input type="checkbox"/> Income Household: Total Income _____ per _____ Household Size _____ <input type="checkbox"/> Food Stamp/TANF/FDPIR Household <input type="checkbox"/> Migrant, Homeless, or Runaway Child (Categorically Eligible)	
Check the box that applies: <b>Approved for:</b> <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <b>Temporary approval for:</b> <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <b>Temporary approval until:</b> _____ <b>Denied for:</b> <input type="checkbox"/> Income Over <input type="checkbox"/> Incomplete/Missing Information	
Determining Official's Signature: _____ Date: _____	

**Your child(ren) may qualify for free or reduced-price meals or free milk if your household income falls within the limits on this chart.** Women, Infants and Children (WIC) participants may also be eligible for free and reduced-price meals, and are encouraged to apply.

<b>FEDERAL INCOME CHART</b> For School Year 2008-09			
Household size	Yearly(\$)	Monthly(\$)	Weekly(\$)
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
Each additional person:	6,660	555	129

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**Privacy Act Statement: This explains how we will use the information you give us.**

The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child(ren) for free or reduced-price meals. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp, TANF, or FDPIR case numbers for all children you are applying for, OR if you are applying for a foster child. We will use your information to see if your children are eligible for free or reduced-price meals, to run the program, and to enforce the rules of the program.

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**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.